S
362.2
I3mmh
1987?
c-1
Montana. Mental Health Bureau
Montana mental health plan, fiscal years 1988-1989

STATE DOCUMENTS COLLECTION

AUG 9 1989

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

MONTANA

MENTAL HEALTH PLAN

Fiscal Years 1988 - 1989

PLEASE RETURN

Montana Department of Institutions
Treatment Services Division
Mental Health Bureau

MONTANA STATE LIBRARY
S 362.2 I3mmh 1987? c.1
Montana mental health plan, fiscal years
3 0864 00062018 0

TABLE OF CONTENTS

		PAGE
SECTION 1.0	INTRODUCTION.	1
SECTION 2.0	CURRENT SYSTEM AND PRESENT STATUS	
	2.1 Department Organization and Function	2-8
	2.2 State Institutions and Other Inpatient Services .	8-10
	2.3 Community Mental Health System	10-16
SECTION 3.0	PHILOSOPHY, PRINCIPLES AND PRIORITIES	
	3.1 Philosophy/Principles	17-21
	3.2 Priorities	21-25
SECTION 4.0	PLANNING PROCESS AND COORDINATION WITH OTHER AGENCIES	
	4.1 Planning Process	26-30
	4.2 Coordination with Other Agencies	30
SECTION 5.0	FISCAL YEARS 1988-1989 GOALS AND OBJECTIVES	31-42

LIST OF EXHIBITS

EXHIBIT I	MONTANA ADVISORY COUNCIL ON MENTAL HEALTH	3a
EXHIBIT II	MONTANA STATE HOSPITAL EXPENDITURES AND POPULATION. . . .	9a
EXHIBIT III	MONTANA STATE HOSPITAL CASELOAD BY SEX AND DIAGNOSIS . .	9b
EXHIBIT IV	MAP OF MONTANA - MENTAL HEALTH REGIONS	12a
EXHIBIT V	COMMUNITY MENTAL HEALTH CENTER ADMISSION DATA	13a
EXHIBIT VI	COMMUNITY MENTAL HEALTH CENTER CASELOADS BY DIAGNOSIS . .	13b
EXHIBIT VII	MENTAL HEALTH PLANNING PROCESS	26a

STATE OF MONTANA/RECEIVED

JUN 1 1988

CENSUS AND ECONOMIC
INFORMATION CENTER

Digitized by the Internet Archive
in 2010 with funding from
Montana State Library

http://www.archive.org/details/montanamentalhea1987mont

1.0 INTRODUCTION

The Department of Institutions is the designated mental health authority for the State of Montana. Unless otherwise indicated, all references to "Department" in this plan mean the Department of Institutions. Title 53, Chapter 21, MCA; and Part B, Title XIX of the Public Health Services Act define the state and federal mental health laws and authorize funding for the development of comprehensive mental health services.

The Department is required under 53-21-202, MCA, to prepare and maintain a comprehensive plan for public mental health services. The Montana Mental Health Plan is a public document intended to guide and coordinate the development and implementation of mental health services. The plan identifies and prioritizes services for specific populations most in need of those services.

The plan provides a basis for allocation and utilization of current federal and state funds for mental health services. It is intended to be a changing document, responsive to changing information, needs and services and to decreases or increases in public resources. The plan's development was based on input from a wide variety of Montanans representing diverse interests and points of view. It is intended to focus on specific priority populations consistent with state and federal priorities.

2.0 CURRENT SYSTEM AND PRESENT STATUS

2.1 DEPARTMENT ORGANIZATION AND FUNCTION

Within the Department, the Treatment Services Division has been delegated the responsibility for planning, organizing, and directing the state's mental health programs as well as other human service programs. The Division operates with two bureaus: the Chemical Dependency Bureau with the responsibility for the administration of chemical dependency services, and the Mental Health Bureau which provides administrative supervision and coordination for institutional and community programs for the mentally ill, institutional programs for the developmentally disabled, and residential nursing homes for veterans and elderly persons with chronic mental disorders. This Mental Health Plan primarily addresses community mental health services and their relationship to Montana State Hospital, Center for the Aged, and the former Montana Youth Treatment Center.

Under authority defined by 53-21-202, MCA, the Department shall:

1. Take cognizance of matters affecting the mental health of the citizens of the State;

2. Initiate preventive mental health activities of the statewide mental health programs, including but not limited to the implementation of mental health care and treatment, prevention, and research as can best be accomplished by community-centered services. Such means shall be utilized to initiate and operate these services in cooperation with local agencies as established under this part.

3. Make scientific and medical research investigations relative to the incidence, cause, prevention, treatment, and care of the mentally ill*;

---

* The Department has never been funded to conduct scientific and medical research

4. Collect and disseminate information relating to mental health;

5. Prepare and maintain a comprehensive plan for the development of public mental health services in the state. The public mental health services shall include but not be limited to community comprehensive mental health centers, mental health clinics, traveling service units, and consultative and educational services;

6. Provide by regulations for the examination of persons who apply for examination or who are admitted either as inpatients or outpatients to the Montana State Hospital or other public mental health facilities;

7. Receive from agencies of the United States and other state agencies, persons or groups of persons, associations, firms, or corporations grants of money, receipts from fees, gifts, supplies, materials, and contributions for the development of mental health services within the state;

8. Establish standards for public mental health facilities;

9. Evaluate performance of public mental health facilities in compliance with federal and state standards.

Federal law requires the participation of a state Mental Health Advisory Council in the mental health planning process. The Department recognizes the appropriateness of that requirement and has, with the cooperation and approval of the Governor, established the Montana Mental Health Advisory Council. The Council is comprised of ten members and is appointed every two years. Membership includes individuals representing consumers, mental health professionals, interest/advocacy groups, service provider agencies, state government, the state legislature, and others. The Council meets at least quarterly to review and recommend policy, evaluate program activities, and recommend priorities for action and expenditures. (See Exhibit I,

EXHIBIT I

MONTANA MENTAL HEALTH ADVISORY COUNCIL

MEMBERS

Charles Averill, Rancher
Route 2, Box 177
Choteau, MT 59422

Barb Garrett, Planner/Grant Writer
17 W. Meadow
Billings, MT 59101

Ethel Harding, State Senator
PO Box 251
Polson, MT 59860-0251

Mel Howe, Architect
1204 Cherry Drive
Bozeman, MT 59715

Ted Schye, State Representative
North Star Route
Glasgow, MT 59230

Florence Foster, Personnel Officer
PO Box 510
East Helena, MT 59635-0518

Dick Hruska, CMHC Director
704 48th Street South
Great Falls, MT 59405

John Lynn, Psychologist
1307 Phillips
Missoula, MT 59802

Gary Walsh
Department of Family Services
301 West Lawrence
Helena, MT 59601

Peggy Williams, Rehab.Serv.Division
Pinecrest
PO Box 26
Clancy, MT 59614-0026

List of Council Members). Responsibility for all functional activities carried out under the Mental Health Plan rests with the Department staff, with final authority from the Director of the Department. The following is a brief description of Mental Health Bureau functions.

Standards, Evaluation and Certification

The Department is required by statute (53-21-202, MCA,) to set standards for community mental health centers. The Department does not set program standards for other providers unless the Department chooses to purchase services from the agency. The Mental Health Bureau annually conducts on-site reviews of the community mental health centers to evaluate treatment programs, clinical records, staff qualifications, and data collection systems. The purpose of the evaluation procedure is to ensure that the centers are complying with state and federal standards and contract requirements.

The Bureau is responsible for administering a professional person certification program. This includes establishing qualifications for certification (20.14.501-512, ARM) and conducting evaluations of credentials of persons requesting certification as mental health professional persons.

Another agency which conducts evaluation and review of mental health facilities, and which is independent of the Department, is the Mental Disabilities Board of Visitors. The Board of Visitors is a five member Board, attached to the Governor's office, established to assure that the treatment of all persons admitted to a mental health facility is humane and competently provided. The Board employs an attorney who provides legal services to patients at the Montana State Hospital. The Board, with assistance of clinical consultants, annually conducts on-site reviews of the Montana State Hospital, Center for the Aged, the five regional mental health centers and Rivendell of Billings. The Board does not review other mental health facilities on a regular basis, although the Board can review other programs if there is a complaint about the treatment of patients.

Planning and Management Information Systems

State and federal law require the preparation and maintenance of a comprehensive plan for mental health services for the State of Montana. As the state's mental health authority, the Department is delegated that responsibility. The planning process is explained in Section 4.0 of this plan.

Fiscal, client and service data which document the purchase of mental health services in the community are collected by the Mental Health Bureau and are reviewed and evaluated at least quarterly. With the assistance of service providers, a major effort in FY 1988-89 will be to develop and enhance data gathering systems for the development of better information for planning and contract monitoring.

Contract Process and Management

Community based services for persons with mental illnesses are provided via contracts with non-profit mental health agencies throughout the state. The total number of dollars available to purchase mental health services is determined by legislative appropriation to the Bureau. The Bureau determines the level of services to be purchased from each mental health agency based on assessed need in the area, priorities established in the Mental Health Plan, and capacity of the agency to provide the services. A major objective in FY 1988-89 is to establish a formal contracting process which includes contract development, negotiations, award and monitoring. Contract monitoring is accomplished by audits, on-site evaluations and ongoing monitoring of fiscal, services, and client data.

Human Resource Development and Community Support Projects

The Department recently received a grant from the National Institute of Mental Health (NIMH) to develop a Human Resource Development (HRD) plan which will address mental health workforce problems and strategies for solutions. The plan will deal with staff planning and training, the availability of a competent workforce, and resource allocation issues. This project is authorized for FY 1988 and 1989.

Also in FY 1988, the Department was awarded a Community Support Program (CSP) System Improvement Project grant from the NIMH. This is a three year project designed to strengthen the consumer movement in Montana by providing financial assistance to the Montana Alliance for the Mentally Ill to enhance that organization's ability to provide support and advocacy for persons who are mentally ill. The project is also intended to strengthen the skills and knowledge of staff who work in CSP treatment programs. The project will also focus on the roles and responsibilities of various agencies and organizations which provide services and advocacy for persons with severe and disabling mental illness. Copies of the HRD and CSP grants are maintained at the Mental Health Bureau and are available upon request.

Federal Liaison, Coordination and Institutional Assistance

The Department serves as the agent of the State executive branch in communicating with federal agencies and administering federal mental health funds including the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant. Federal funds are allocated by the Department based on state and federal priorities. The Mental Health Bureau communicates and coordinates with the federal government regarding issues affecting mental health services. The Bureau continually pursues federal funding opportunities and assists local agencies in applying for federal funds.

The Bureau provides consultation on planning, clinical programming, funding and evaluation to state institutions, community programs, and other state agencies.

Prevention and Early Intervention Services

The Department views its primary mission to be the provision and purchase of services for people who have mental illnesses which substantially impair the functioning of the individual. Preventative and early intervention services are, however, also important and the Department provides some funding for these activities while attempting to fulfill its primary mission.

Not enough is currently known about the causes of the major mental illnesses to successfully prevent those diseases. Behavior problems and conduct disorders in children, on the other hand, can probably be prevented through the promotion of effective child rearing practices. Secondary prevention, through early intervention, can mitigate the disabling effects not only of major mental illnesses but also of childhood behavior disorders and emotional distress caused by traumatic situational factors.

Department contracts with community mental health centers encourage early intervention services for children by not requiring that clients younger than 18 meet any functioning level criterion in order to receive Department funded services. The Department also contracts with an agency in Missoula (Friends to Youth) which serves youth and their families exclusively. Friends to Youth emphasizes aggressive outreach and advocacy approaches to serving adolescents.

In addition to the early intervention services made available to children and adolescents, the Department reserves a small amount of money for prevention activities which are not tied directly to client services. Each year the Department has distributed $60,000 among the five regional mental health centers to pay for any of a variety of consultation and education services. The centers have had almost complete discretion to determine the services to be funded by these prevention funds.

Fiscal Year 88 and 89 Budget

Appropriations for community mental health services and state level administration are $5,468,673 for FY 1988 and $5,468,637 for FY 1989. In each year of the biennium, $5,116,391 is line itemed for purchasing community services with state and ADMS Block Grant funds. During FY 1988, the Department received $63,093 from the HRD Grant and $46,798 from the CSP Grant which has been authorized by budget amendment for each fiscal year (1988 and 1989). The Department has applied for and is anticipating $275,000 under a Federal Homeless Block Grant. The Department is also expecting to receive an additional $82,200 with the

passage of P.L. 99-660 to implement the state mental health planning process. These funds will assist the Department in carrying out the planning activities discussed in Section 4 during 1989.

FYs 1988 AND 1989 APPROPRIATION

Expenditures	FY 1988	FY 1989
Personal Services	185,632	185,368
Operating Expenses	56,759	56,987
Purchase of Service:	5,116,391	5,116,391
HRD	63,093	63,093
CSP	46,798	46,798
Total Costs	5,468,673	5,468,637
Revenue		
General Fund	4,108,977	4,108,940
Federal Funds	1,249,805	1,249,806
HRD	63,093	63,093
CSP	46,798	46,798
Total Funding	5,468,673	5,468,637

2.2 STATE INSTITUTIONS AND OTHER INPATIENT SERVICES

In addition to the community based programs which are operated by private, non-profit corporations, the public mental health system includes Montana State Hospital and the Montana Center for the Aged. The former Montana Youth Treatment Center is listed under the name of its current owner, Rivendell of Billings.

Montana State Hospital

Montana State Hospital consists of campuses at Warm Springs and Galen, approximately 4 miles apart.

The mission of Montana State Hospital is defined by State law (53-6-301, MCA):

"(a) care and treatment of mentally ill persons;

(b) diagnosis, care, evaluation, treatment, referral, and rehabilitation of persons afflicted with chemical dependency;

(c) care and treatment of institutional residents or clients of the department's community and residential programs who require acute hospital care or nursing care;

(d) treatment of tuberculosis and silicosis (commonly called miner's consumption);

(e) detoxification of those persons who seek relief from the disabling effects of alcohol and other chemical substances; and

(f) contingent upon space and funds, the treatment of pulmonary diseases and other medical or organic disorders."

The Warm Springs campus is designated as the adult state mental health facility and provides inpatient psychiatric treatment for those mentally ill adult Montanans who cannot effectively be served in existing community based alternatives. The Warm Springs facility had an average daily population of 288 in FY 1987.

The Galen campus provides residential treatment for persons suffering from chemical dependency; acute hospital care for patients from both Montana State Hospital campuses; and intermediate nursing care for mentally ill individuals who require nursing services. During FY 1987, the Galen facility had an average daily population of 170.

A major emphasis of the mental health planning process will be to continually evaluate Montana State Hospital patients to determine if they could be better served in community settings. Exhibits II and III show cost data for Montana State Hospital units and a breakdown, by diagnostic category, of the Warm Springs campus caseload.

Montana Center for the Aged

The Center is located in central Montana at Lewistown. As defined in the Administrative Rules of Montana [20.14.104(1)],

> "the Montana Center for the Aged is a licensed residential facility for the long term care and treatment of persons 55 years of age or older who have chronic mental disorders associated with the aging process and who require a level of care not available in the community, but who cannot benefit from the intensive

EXHIBIT II

MONTANA STATE HOSPITAL

FY87 Expenditures and Average Daily Population

Warm Springs

Unit	ADP	Expenditures
Long Term Unit	39.8	$ 1,675,230
Forensic Unit **	71.5	3,350,335
Intake	12.4	993,403
Intensive Treatment	47.1	2,257,149
Extended Treatment	86.1	3,483,246
Pre-release	30.6	1,118,201
	287.5	$12,877,564

Funding

General Fund	$12,788,404
Federal	1,803
Other	87,357
	$12,877,564

GALEN

Unit	ADP	Expenditures
Acute Care	15.7	$ 2,381,711
Nursing Home	84.6	3,353,076
Alcohol Service Center	58.2	1,338,698
Lighthouse	11.7	566,250
	170.2	$ 7,639,735

Funding

General Fund	$ 6,001,536
Alcohol Earmarked	1,586,506
Other	51,693
	$ 7,639,735

* Unit expenditures are based on direct costs per unit plus indirect costs allocated by ADP per unit

** The Forensic Unit serves persons ordered to the hospital through criminal code procedures, Montana State Prison inmates who become seriously mentally ill, and other State Hospital patients whose dangerous behavior requires a high security environment.

EXHIBIT III

MONTANA STATE HOSPITAL (Warm Springs Campus) CASELOAD
By Sex and Diagnoses

(June 30, 1987 Caseload)

	Male	Female	Total
Disorders First Evident in Childhood	14	4	18
Organic Disorders	30	9	39
Substance Use Disorders	13	3	16
Schizophrenic Disorders	112	46	158
Other Psychotic Disorders	11	13	24
Affective Disorders	9	7	16
Anxiety Disorders	0	1	1
Somatoform Disorders	0	0	0
Disassociative Disorders	0	0	0
Psychosocial Disorders	4	0	4
Factitious Disorders	0	0	0
Other Impulse Contact Disorders	0	0	0
Adjustment Disorders	0	1	1
Psychological Affecting Physical	0	0	0
Personality Disorders	13	6	19
Conditions Not Attributable to a Mental Disorder	2	0	2
Additional Codes	0	0	0
	208	90	298

psychiatric treatment available at Montana State Hospital. The Center is not established as a transitional mental health facility because of the chronic nature of its residents' mental disorders. However, the Center may discharge residents who can function in, or benefit from, community settings."

The Center had an average daily population of 168.5 in FY 1987. Ages range from 55 to 96 years, with a mean age of 75.5 years. The future role and function of the Center are under review by a long-range planning task force. The group's recommendations will be used in the Department's ongoing planning process.

FY 1987 expenditures for the Center for the Aged were as follows:

Personal Services	$ 2,144,380
Operations	459,547
Equipment	12,630
Total Expenditures	$ 2,616,557

Rivendell of Billings

The Department no longer operates a facility which provides psychiatric inpatient services to individuals under the age of 18. The former Montana Youth Treatment Center was sold to Rivendell of Billings, effective January 1, 1987. Although this facility is now privately operated, it must by law admit and treat up to 40 court ordered adolescents. Other private inpatient facilities may admit court ordered patients, but they may also refuse. Rivendell of Billings cannot refuse admission to a court ordered patient unless 40 court ordered patients are present at the time. This facility is subject to annual review by the Board of Visitors.

2.3 COMMUNITY MENTAL HEALTH SYSTEM

The Montana community mental health system is made up of a variety of local agencies as well as independent private practitioners and short term psychiatric inpatient units. Virtually all of the Department's community mental health funds are used to purchase services from five regional mental health centers. These centers are established by state law (Title 53, Chapter 21, Part 2, MCA) as private nonprofit

organizations. Each center serves a multicounty region and each participating county commission appoints one person to the center's board.

Preparing and maintaining a comprehensive plan for the development of public mental health services is difficult when counties, by law, are not required to participate in the regional mental health centers. This discretion may result in funding instability for the mental health centers, inequities in financial commitment across counties, and inequities in accessibility of services for those needing them. Mental health service networks are planned within each region based in part on whether counties choose to participate in providing mental health services through the regional mental health centers. However, individual county funding may be withdrawn any time the county decides not to participate. If this happens, the mental health center may modify its service delivery structure and cease to provide services in that county. Even though mental health centers do not provide services in non-participating counties, residents of those counties must continue to be served in the mental health system on a nondiscriminatory basis.

By law (Section 53-21-201(2), MCA) a "community comprehensive mental health center" offers six basic mental health services to the public: "(a) 24-hour inpatient care at a licensed hospital; (b) part-time hospitalization, (c) outpatient services; (d) emergency services; (e) consultation and education in mental health; (f) precare and aftercare." Shown below are the total revenues of community mental health centers in FY 1987 by funding source. Revenue figures in this section were taken from community mental health center audits which report revenues on an accrual basis.

Patient Fees	$2,277,014	19.51%
Medicaid/Medicare/State Medical	2,335,368	20.02%
Department Contract	5,154,553	44.18%
Other Agency Contracts	407,038	3.49%
County	968,163	8.30%
Other	525,187	4.50%
Total	$11,667,323	100.0%

Prior to FY 1982, community mental health centers received state and federal funding separately. Categorical mental health grants were received by the Centers directly from the federal government. State funding was received through a block grant method which did not tie funds to specific quantities of patient services.

Since FY 1982, the Department has purchased services from the Centers under a fee-for-service contracting mechanism. The Department pays the Center set fees for each client-hour (or client-day for residential service) provided. The Department has encouraged the provision of services to certain client groups (such as to people with severe mental illnesses) by placing a high priority upon the purchase of the types of services typically needed by members of those client groups. Federal mental health block grant monies are received by the Department and are included, with state general funds, in the fee-for-service agreements.

The following are brief descriptions of the five centers (see Exhibit IV, Map of Mental Health Regions) and revenues by funding source for FY 1987. Client admission and caseload data for each region are displayed in Exhibits V and VI. This information was taken from monthly data submitted to the Department by the centers.

Region I - Eastern Montana Community Mental Health Center

The Eastern Montana Community Mental Health Center headquartered in Miles City serves a catchment area consisting of seventeen counties in Eastern Montana.

The mental health center operates full-time clinical offices in eight communities and staff travels to other communities to provide part time services. There is a transitional living facility operated by the Center in Miles City and adult day treatment programs in Miles City, Glendive and Sidney. Shown below are the total revenues of the Center, by source, for FY 1987 (July 1, 1986 - June 30, 1987).

MENTAL HEALTH SYSTEM (as of 10/01/87)

MONTANA

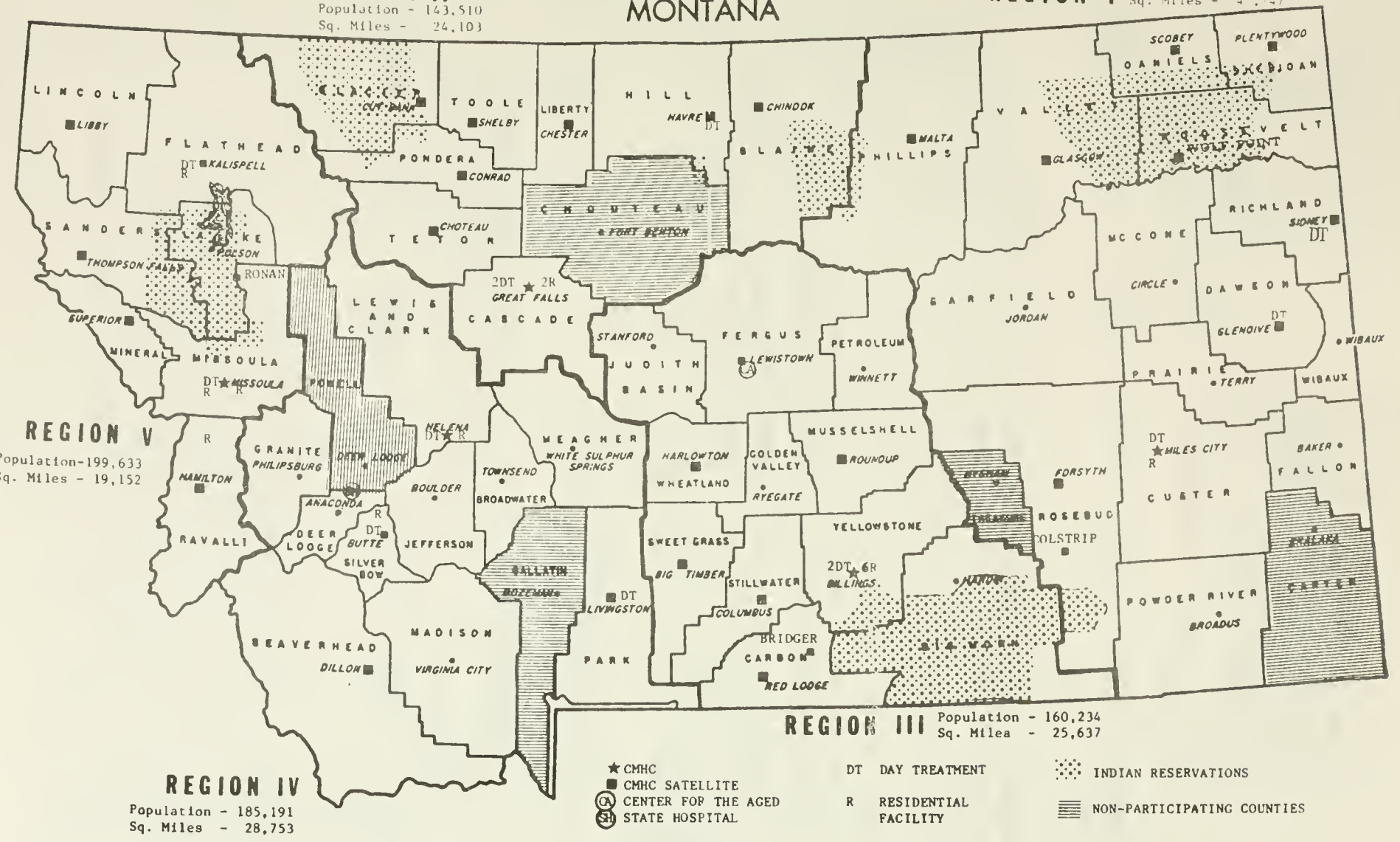


EXHIBIT IV

Patient Fees (1st and 3rd Party)	$ 292,172	18.84%
Medicaid/Medicare/State Medical	140,719	9.07%
Dept. of Institutions Contract	807,064	52.03%
Other Agency Contracts	75,025	4.84%
County Contributions	208,335	13.43%
Other	27,683	1.79%
Total Revenue	$ 1,550,998	100.00%

Department funding of this Center is projected to be $793,957 in FY 1988.

Region II - Golden Triangle Community Mental Health Center

The Golden Triangle Community Mental Health Center, headquartered in Great Falls, serves nine counties in northcentral Montana. The Center operates a major alternative services program for adults with severe mental illness in Great Falls. This program includes a day treatment program, three transitional living facilities and a supported employment program. There also is an outpatient clinic and a newly established adolescent day treatment program in Great Falls. The Center has clinical offices in seven other Region II communities and a small day treatment program in Havre. This Center's FY 1987 revenues, by source, are shown below:

Patient Fees (1st and 3rd Party)	$ 404,680	15.75%
Medicaid/Medicare/State Medical	621,954	24.21%
Department Contract	1,202,080	46.78%
Other Agency Contracts	16,875	0.66%
County Contributions	177,162	6.89%
Other	146,611	5.71%
Total Revenue	$ 2,569,362	100.00%

Department funding of this Center is projected to be $1,183,073 in FY 1988.

Region III - Mental Health Center

An eleven county area in southcentral Montana is served by Mental Health Center, which is based in Billings. Mental Health Center operates full-time clinical offices in five communities and staff travels to several other communities to provide services on a part time basis. This Center has two adult day treatment programs and six

EXHIBIT V

Community Mental Health Center Admissions by Age

(Unduplicated Admissions and Re-Admissions; 7/1/86 - 6/30/87)

Age Range	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Total
0-11	202	103	195	139	139	778 (8.4%)
12-17	282	216	336	275	276	1385 (14.9%)
18-64	883	1110	1744	1051	1653	6441 (69.4%)
65 & older	103	62	270	29	43	507 (5.5%)
Unknown	14	89	2	14	54	173 (1.9%)

Community Mental Health Center Admissions by Sex

(Unduplicated Admissions and Re-Admissions; 7/1/86 - 6/30/87)

Sex	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Total
Male	650	684	1210	612	909	4065 (43.8%)
Female	834	883	1337	886	1232	5172 (55.7%)
Unknown	0	13	0	10	24	47 (0.5%)

Community Mental Health Center Admissions by Ethnic Group

(Unduplicated Admissions and Re-Admissions: 7/1/86 - 6/30/87)

Ethnic Group	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Total
White	1286	1371	2309	1370	1962	8298 (89.4%)
Native American	93	142	159	54	139	587 (6.3%)
Black	16	18	0	4	6	44 (0.5%)
Hispanic	13	8	54	16	13	104 (1.1%)
Asian	0	3	0	2	12	17 (0.2%)
Other	7	1	25	3	5	41 (0.4%)
Unknown	69	37	0	59	28	193 (2.1%)

EXHIBIT VI

Community Mental Health Center Caseloads by Diagnosis

(June 30, 1987 Caseloads)

DSM-III Category	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Total
Disorders First Evident in Childhood	153	113	140	116	71	593
Organic Disorders	48	40	71	19	21	199
Substance Use Disorders	31	67	262	64	23	447
Schizophrenic Disorders	71	209	174	170	134	758
Other Psychotic Disorders	12	42	45	42	24	165
Affective Disorders	91	230	525	130	227	1203
Anxiety Disorders	269	199	132	246	52	898
Somatoform Disorders	3	7	5	1	2	18
Dissociative Disorders	1	2	4	1	2	10
Psychosexual Disorders	10	3	6	24	4	47
Factitious Disorders	0	0	0	0	0	0
Other Impulse Control Disorders	12	9	11	14	6	52
Adjustment Disorders	292	357	433	302	131	1515
Psychological Affecting Physical	7	6	5	0	2	20
Personality Disorders	122	103	115	161	35	536
Paronoid Disorders	0	1	9	3	3	16
Conditions Not Attributable to a Mental Disorder	28	116	93	114	260	611
Additional Codes	18	75	23	62	63	241
Unknown	9	172	2	0	15	198
Total Caseload	1177	1751	2055	1469	1075	7527

residential programs in Billings. Mental Health Center FY 1987 revenues, by source, are shown below:

Patient Fees (1st and 3rd Party)	$ 743,008	25.38%
Medicaid/Medicare/ State Medical	463,488	15.83%
Department Contract	1,104,141	37.72%
Other Agency Contracts	61,846	2.11%
County Contributions	327,805	11.20%
Other	227,178	7.76%
Total Revenue	$ 2,927,466	100.00%

Department funding of this Center is projected to be $1,086,681 in FY 1988.

Region IV - Mental Health Services, Inc.

This Center, headquartered in Helena, serves a twelve county area in southwestern Montana. Mental Health Services, Inc., operates full-time clinical offices in five communities with staff traveling to other communities on a part-time basis. Major day treatment programs and residential services are available in both Helena and Butte, while a smaller adult day treatment program has been established in Livingston. The Center provides adolescent day treatment in Helena. Mental Health Services, Inc., revenues for FY 1987 are shown below:

Patient Fees (1st and 3rd Party)	$ 437,423	17.56%
Medicaid/Medicare/State Medical	683,090	27.42%
Dept. of Institutions Contract	880,427	35.34%
Other Agency Contracts	246,073	9.88%
County Contributions	141,892	5.70%
Other Sources	102,189	4.10%
Total Revenue	$ 2,491,094	100.00%

Funding for the Department for this Center is projected to be $866,505 in FY 1988.

Region V - Western Montana Community Mental Health Center

The Western Montana Community Mental Health Center, headquartered in Missoula, serves a seven county area. The Center has clinical services available on a full-time basis in six communities and a part time clinical office in one community. The Center provides day treatment and residential services for seriously mentally ill adults in both

Kalispell and Missoula. The Center also contracts for residential services provided by an independent private non-profit organization in Stevensville. FY 1987 revenues for this Center are shown below:

Patient Fees (1st and 3rd Party)	$ 399,731	18.78%
Medicaid/ Medicare/ State Medical	426,117	20.02%
Dept. of Institutions Contract	1,160,841	54.54%
Other Agency Contracts	7,219	0.34%
County Contributions	112,969	5.31%
Other Sources	21,526	1.01%
Total Revenues	$ 2,128,403	100.00%

Department funding for this Center is projected to be $1,142,486 in FY 1988.

Friends to Youth

In addition to contracting with the five mental health centers, the Department, as a result of past legislative action, continues to purchase services from a community program serving youth.

Friends to Youth is a Missoula based private non-profit agency which provides counseling, case management and advocacy to youth, ages 10-18, and their families. The program serves troubled youth whose problems range from situational problems and minor conduct disorders to serious emotional disturbances. Friends to Youth serves 200-250 youth per year. The following shows the FY 1987 revenues, by source, received by Friends to Youth.

Department Contract	$ 40,000
Other Agency Contracts	17,883
Other Sources	43,840
Total Revenues	$ 101,723

Department funding of Friends to Youth is projected to be $39,784 in FY 1988.

Other Community Services

In addition to the agencies funded directly by the Department, there are many other agencies and individuals providing community based mental health services in Montana. There are inpatient psychiatric units in general hospitals located in Missoula, Butte, Helena, Great Falls, Billings, and Miles City. There is a free standing psychiatric hospital in Kalispell and a free standing hospital in Helena providing inpatient psychiatric care for emotionally disturbed children. The Department does not utilize its mental health funding to purchase inpatient services from these facilities. However, the Department may purchase the mental health services of community mental health center staff providing services to patients served in these facilities.

There is a system of foster care and residential programs, primarily affiliated with the Department of Family Services which serves a number of emotionally disturbed children. Private practitioners, including psychiatrists, licensed psychologists, licensed social workers, licensed counselors and psychiatric nurses, are also an important segment of the community mental health system.

3.0 PHILOSOPHY, PRINCIPLES, AND PRIORITIES

3.1 PHILOSOPHY/PRINCIPLES

The Department receives state and federal funding to provide community mental health services. Montana's Mental Health Act, Title 53, Chapter 21, MCA, stresses community treatment, rather than institutional commitment. Montana and federal laws require that the Department emphasize and encourage mental health treatment in the community.

Since 1975, Montana has significantly reduced the patient population at the State Hospital while improving treatment services for those patients who are served at the Hospital. Former Hospital patients discharged to the community now live in a more natural environment and, in many cases, are nearer relatives, friends and employment opportunities. Although the State Hospital's population has remained stable for several years, there are still patients served there who could be placed in community programs if suitable housing and services were available. The state's Mental Health Act requires that the Department diligently review the status of State Hospital patients for consideration of discharge to community treatment, and assure that appropriate support and treatment are available in the community when patients are discharged.

The Department does not directly provide mental health treatment services in the community. The Department fulfills its community treatment mandate by contracting state and federal funding for the provision of community mental health services to private service providers.

The Department does not have the financial resources to provide free and/or subsidized mental health services to everyone. In FY 1987, state and federal funds distributed by the Department represented approximately 44% of total community mental health center revenues. To the maximum extent possible, service recipients are expected to pay for their own services, using personal financial and insurance resources, and/or any entitlements (e.g., Medicaid) which are available. County

governments and other state agencies also help support community mental health services.

State law, 53-21-206, MCA, requires that the service of the regional mental health centers be available without discrimination on the basis of ability to pay. A uniform system must be developed for use by the five regional mental health centers to fairly and accurately determine a person's ability to pay. The system must be based on objective criteria which are applied consistently throughout the state. Information upon which a person's ability to pay is determined should be documented by supporting material. The Department's planning process defines and prioritizes the groups of individuals most in need of mental health services to be purchased with limited state and federal dollars.

The Department establishes the following set of principles as guidelines for making decisions regarding priorities, goals, objectives, and the future direction of the mental health system:

1. Services should be based on the needs of clients rather than the needs of the system, the Department, or the providers. No system can provide the optimal set of services for every client, however, the clients' needs must be the predominant factor in planning services. Services should also incorporate consumer self-help approaches and be provided in a manner that promotes clients retaining the fullest possible control over their own lives.

2. Services should allow for the special needs of subgroups of clients. Appropriate services should be designed for groups such as the elderly, women, and Native Americans and other ethnic minorities. Programs must be adjusted to meet the special needs of mentally ill people who are also mentally retarded, chemically dependent or homeless.

3. Services should be offered in the least restrictive, most natural setting possible. Clients should be encouraged to use the

support in the community and integrated, to the greatest extent possible, into the normal living, working, learning and leisure time activities of the community.

4. Services should be built on the assets and strengths of clients to help them maintain a sense of identity, dignity, self-esteem and independence.

5. Service systems funded by the Department should be accountable to the users of the services and monitored by the Department to assure quality of care and continued relevance to the client needs. Coordination of care at program, community and state levels should be established and maintained.

A major responsibility of the state and federally funded mental health system is the provision of treatment, support and advocacy for individuals with severe, disabling mental illnesses. Historically, this responsibility has been met by large state institutions where many mentally ill patients spent much or all of their lives. In recent years, society has become more sensitive to the civil liberties of people with mental illnesses. At the same time, advances in treatment techniques and approaches to community support have occurred. As a result, the great majority of individuals with severe, disabling mental illnesses can and should be served within Montana communities.

An adult with a severe disabling mental illness is a person who is 18 years old or older and who meets criterion 1 and criterion 2.

Criterion 1. The person has a severe mental illness as indicated by one of the following:

a. the person has been hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital (Warm Springs campus) or Rivendell of Billings (former Montana Youth Treatment Center) at least once, or

b. the person has a DSM-III-R diagnosis of schizophrenic disorder (295), major mood disorder (296.2, 296.3, 296.4, 296.5, 296.6, 296.7, 301.13); paranoid disorder (297.10); organic disorder (290, 293.81, 293.82, 293.83, 294.00, 294.10, 294.80, 310.10); or other psychotic disorder (298.80, 295.40, 295.70, 297.30, 298.90); or

c. the person has a personality disorder (DSM-III-R code 301) which causes the person to be unable to work competitively on a full-time basis or unable to maintain a residence without assistance and support by family or a public agency.

Criterion 2. The person has ongoing functioning difficulties because of the mental illness, as indicated by one of the following:

a. the person takes prescribed medication to control the symptoms of mental illness, or

b. the person is unemployed or does not work in a full-time competitive situation because of mental illness, or

c. the person receives SSI or SSDI payments due to mental illness; or

d. the person maintains or could maintain a living arrangement only with the ongoing supervision and assistance of family or a public agency.

Services required by persons with severe, disabling mental illness include, but are not limited to, mental health treatment, rehabilitation, residential care, peer support, and protection and advocacy. The Department must assure reasonable availability of these and other service components by purchasing services from the community mental health centers and/or through agreements with other agencies.

The components of a community support system for persons with severe mental illnesses must be coordinated by case managers. Perhaps the single most important function of the mental health service system is the provision of case management to assist persons with severe mental illnesses in obtaining the services they need. A case manager may provide nothing more than a supportive relationship to an individual who chooses to be basically independent of the mental health system. In other instances, the case manager is actively involved in providing, arranging and advocating for a variety of services and supports from a variety of local agencies on behalf of the client.

3.2 PRIORITIES

The Department does not have sufficient funds to purchase all mental health services provided by the centers. Other agencies also purchase services and fees are collected from individual patients. But in total, adequate funding may not be available to provide the level of services which assures total accessibility to everyone desiring to use the publicly funded system. Therefore, the Department sets priorities for its purchase of services. The following priorities will be considered in the Department's negotiations and purchase of mental health services.

PRIORITY 1

Seriously Mentally Ill. The term "seriously mentally ill" is defined in state law [53-21-102(15), MCA] as a person of any age who is "...suffering from a mental disorder which has resulted in self-inflicted injury or injury to others or the imminent threat thereof, or which has deprived the person affected of the ability to protect his life or health".

There must be programs available to provide effective crisis intervention and stabilization services for people who are seriously mentally ill. Assessment and referral to or provision of additional services must follow initial crisis management. Some seriously mentally ill individuals may be referred to Montana State Hospital or Rivendell of Billings; others can be effectively served in the

community. Seriously mentally ill children, adolescents, and adults are the Department's first priority for the purchase of mental health services.

PRIORITY 2

The Department's second priority is to maintain and further develop community services for certain groups of individuals who may or may not at any given time be considered "seriously mentally ill" as defined above, but for whom a system of community based services must be maintained. There are two distinct groups which comprise the Department's second priority for purchase of services:

1. **Adults with Disabling Mental Disorders.**

   These individuals include adults with severe and disabling mental illnesses, which is defined in Section 3.1. This group also includes adults who have the following characteristics:

   a. The person has a diagnosed mental disorder; and

   b. The person requires services of extended duration as indicated by one or more of the following:

      i. the person has undergone inpatient psychiatric hospitalization at least twice, or

      ii. the person has received face-to-face unscheduled mental health crisis intervention services on at least three occasions, or

      iii. the person has received at least 30 days of mental health day treatment or out-of-home residential services within the previous two years; and

   c. The person has ongoing functioning difficulties because of the mental disorder as indicated by one of the following:

i. the person is unemployed or does not work in full-time competitive employment because of mental illness, or

ii. the person receives SSI or SSDI payments due to mental illness, or

iii. the person maintains or could maintain a living arrangement only with the ongoing supervision and assistance of family or a public agency.

2. **Children and Adolescents in Need of Mental Health Services**

Seriously mentally ill children and adolescents are included in the Department's first priority group described above. The provision of mental health services to children and adolescents who are not seriously mentally ill is, along with the provision of education, protective services, handicapped children's services, etc., also an important responsibility of state government. The Department's role in the children and adolescent mental health system is one of purchasing community treatment services. Services are purchased in consultation and coordination with the Department of Family Services, which is Montana's lead agency for children's services.

The children and adolescents who need mental health services vary considerably in their level of dysfunction and in the kinds of services needed. For example, young people who have been abused or neglected or have suffered other kinds of traumas, need intervention from mental health professionals in order to prevent the development of emotional disturbance. Other children and adolescents who are mildly or moderately emotionally disturbed should have community based outpatient therapy available to them.

Finally, the Department has the responsibility to advocate for and purchase intensive community services for severely emotionally

disturbed children and youth. The National Institute of Mental Health has suggested that the term "severely emotionally disturbed children and adolescents" be used to describe young people with a diagnosed mental disorder who have substantial limitations in major life activities, have needs which can be met only through the efforts of more than one activity, and have had the disability over an extended period of time. These services may include crisis intervention, day treatment and various forms of residential support and treatment provided as an alternative to, or following discharge from, hospitalization and/or institutional treatment.

If children and adolescents have supportive and caring families, the chances of successful treatment are enhanced. When intervention with the family will facilitate a child or adolescent's treatment, family services are given the same high priority as other mental health services for children and youth.

Although the Department is the state mental health authority, the Department of Family Services has responsibility for most child and adolescent services. It is imperative that the two departments work together in setting priorities for the provision of state funded mental health services. The goal of this collaboration is to coordinate mental health and family services programs in a way which will avoid duplication and will meet the mental health needs of children and youth to the maximum extent possible.

Currently, the Departments of Institutions, Family Services, Social and Rehabilitation Services, and the Office of Public Instruction, are working on a Montana Youth Initiative to develop clear agreement about each agency's role in providing services to children and youth.

PRIORITY 3

The Department's third priority is to purchase services for adults who have mental health problems but who are not seriously mentally ill and do not have disabling mental disorders as defined above.

4.0 STATE PLANNING PROCESS AND COORDINATION WITH OTHER AGENCIES

4.1 PLANNING PROCESS

The Department, with advice and recommendations from the State Mental Health Advisory Council, is responsible for the preparation of the State Mental Health Plan. The development of the Plan is a systematic series of activities which include: (1) data gathering, needs assessment, and a problem identification process; (2) prioritization of needs and the development of action strategies; and (3) development of a draft plan which includes goals and quantitative objectives to implement action strategies which may address modification or expansion of mental health services. The draft plan is distributed for a 30 day public review/comment period prior to the development of a final plan. The above activities are subject to an ongoing evaluation process, which may lead to modification or change of goals and objectives. The activities also will become a major part of the problem identification process in each succeeding year. The primary focus of this FY 1988-89 State Plan is to define the future planning process, outline realistic approaches and timelines, identify planning resources and key participants and fully implement the planning process for FYs 1990-93. (See Exhibit VII, Planning Chart) Federal financial and technical assistance will be available in FY 1989 to assist the Department in the development of the planning process.

1) Data Gathering, Needs Assessment And Problem Identification

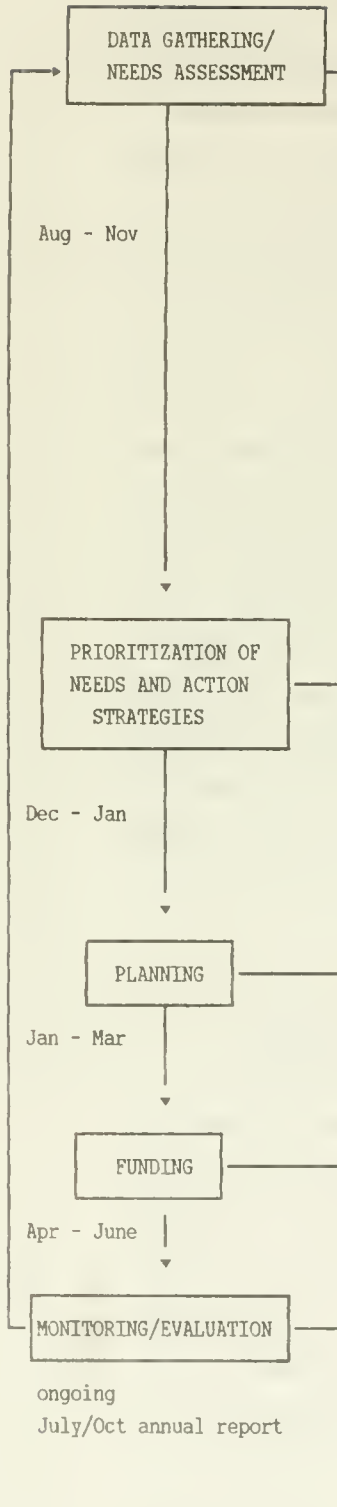
The Department will develop and implement a standardized and consistent needs assessment and data gathering process to identify problems and capture information from agencies and individuals involved or interested in statewide mental health services (private and public). The information will be gathered through existing state and local client and financial information systems, surveys and questionnaires, meetings and agreements with other state agencies, public forums and an ongoing evaluation process. Information gathering will address the current mental health system, problems and gaps in services (e.g., residential, day treatment, case management, etc.), and how those services relate to specific groups such as people with severe, disabling

EXHIBIT VII

MENTAL HEALTH PLANNING PROCESS

TSD=Treatment Services Division
Department of Institutions

MHAC=State Mental Health
Advisory Council



DATA GATHERING/NEEDS ASSESSMENT

- **Local** – Through standardized questionnaires, interviews, meetings, public forums, gather input from: local & county officials, mental heath service providers, other human service agencies, criminal justice agencies, primary and secondary consumers, school officials, advocacy groups, private mental health providers, local associations and others.
- **State**
  - analysis of state client, financial & cost data
  - analysis of previous years accomplishments of goals & objectives
  - analysis of on-site review reports and findings
  - analysis of state laws and new legislation
  - input coordination of services & agreements with other state agencies
  - input from other states
  - input from state associations
- **FEDERAL**
  - analysis of federal priorities
  - analysis of federal guidelines and requirements
  - analysis of federal laws and new legislation
  - federal assistance
  - National Associations (NASMPD, WICHE)

PRIORITIZATION OF NEEDS AND ACTION STRATEGIES — Aug - Nov — TSD MHAC

- consolidation of local, state & federal needs assessment information into prioritization of needs and action strategies based on the following:
  - consistency with state philosophies and principles
  - consistency of identified needs in relation to identified problems or gaps in services
  - resources and funds available
  - changes in laws or legislative intent
- information may be used for Executive Planning or Legislative Sessions

PLANNING — Dec - Jan — TSD MHAC

- develop draft plan indicating measurable goals & objectives based on prioritized needs/action strategies
- provide for public review & comment (written, verbal & public forums or MHAC meetings)

FUNDING — Jan - Mar — TSD MHAC

- Resources allocated and contracts negotiated based on goals & objectives in state plan
- Contracts issued according to department process

MONITORING/EVALUATION — Apr - June — TSD MHAC — ongoing — July/Oct annual report

- compliance with goals & objectives
- compliance with contract requirements
- monitoring of cost reports, audits, clients and service data
- monitoring of on-site evaluation information & other site visit recommendations
- review of agreements with other state agencies

* Major planning effort to be conducted for FY 90/93 beginning in August 1988. Major planning efforts would be accomplished in FY 1992 every four years thereafter with abbreviated efforts conducted each year in between.

mental illness, emotionally disturbed children and adolescents, elderly, Native Americans and dually diagnosed individuals. The role of inpatient facilities (public and private) will be better defined. The information will be gathered from local, state and federal levels. Local level input will include local officials, Indian Reservations, school officials, community mental health providers, mental health organizations, primary and secondary consumers, advocacy groups, private practitioners and agencies, local associations and other social service agencies. At the state level, the information will be gathered from: 1) other state agencies (Department of Family Services, Department of Social and Rehabilitation Services, Department of Health and Environmental Sciences, Office of Public Instruction, Governor's Office, University System); 2) Department management information systems; 3) results of ongoing evaluations and on-site inspections of service providers conducted by Department, Department of Health and Environmental Sciences, and the Board of Visitors; 4) input from state associations and other state mental health authorities; and 5) review of state laws and new legislation. At the federal level, the information will include analysis of federal priorities, analysis of federal guidelines and requirements, analysis of current federal laws and new or pending legislation, and availability of assistance from federal government and national associations. An important scurce of information regarding the needs of minority group members in Montana is Indian Health Services. All the above information will be reviewed and analyzed by Department staff and the Mental Health Advisory Council. This activity will begin each year in August and be completed by November.

2. Prioritization Of Needs And Action Strategies

From analysis of the above information the Department, with the advice of the Mental Health Advisory Council, will define conceptually a reasonable statewide community support system, priority service needs and action strategies. Action strategies will be aimed at resolving problems and gaps in services.

Variables to be considered in defining priorities are age of potential clients, numbers of individuals, location of services, (i.e., rural or urban), severity of illness, diagnosis, functional capabilities, duration of illness, socioeconomic characteristics, and whether or not services are currently being provided within communities. Specific issues under the above general categories would include: 1) adequate community services for the treatment and support of severely mentally disabled adults located in communities and/or at Montana State Hospital; 2) a continuum of services for emotionally disturbed children and adolescents; 3) consideration of adapting services to meet the special needs of the elderly and/or other groups such as women and Native Americans; and 4) services for individuals with dual diagnoses. Prioritization will be based on (1) consistency and compliance with established principles and priority populations; (2) consistency with State and federal regulations and laws, (3) consistency with identified service needs and/or problems and gaps, and (4) resources available. This activity will be completed by January of each year and the information will be available for the Executive Planning Process and legislative sessions.

3. Plan Development

From the first two steps the Department develops a draft plan which includes goals and quantitatively defined objectives based on the prioritized needs and action strategies described above and which addresses modification or expansion of services. The draft plan will be distributed statewide and advertised in the news media for public review and comment which will be received through written comments, public forums and/or meetings. From the public comments, the Department, with recommendations from the Mental Health Advisory Council, will finalize and distribute the State Mental Health Plan. This activity should be completed by March of each year but may be extended to May during legislative years.

4. Funding of Service Providers

The Department, via its contracting process will negotiate contracts to purchase services from local service providers based on priorities and goals and objectives identified in the State Mental Health Plan. This will be done between March and June of each fiscal year.

5. Monitoring/Evaluation

The Department will develop a consistent ongoing evaluation process which includes but is not limited to: 1) review of compliance with established standards and service contract requirements; 2) monitoring/analysis of the financial data (cost reports and audits) and client data; 3) analysis of information gathered from on-site evaluation and inspection of service providers (Department of Health and Environmental Sciences, Board of Visitors, Department and others); 4) review of agreements with other agencies (Department of Family Services, Department of Health and Environmental Sciences, Department of Social and Rehabilitation Services, Governor's Office); and 5) other available information. This process will be ongoing and become a part of each succeeding year's needs assessment and data gathering process. An annual report, addressing successes or failures in accomplishing goals and objectives will be completed by October of each year.

6. Planning Schedule

The new planning process will be ongoing. A major planning effort will be conducted in FY 1989 to develop a FYs 1990-1993 State Plan as federal funding and assistance may be available. Abbreviated planning updates will be completed in FYs 1990 and 1991 with another major effort occurring in FY 1992 to develop the FYs 1994-97 Plan. After FY 1992, major efforts need only be done

every four years with abbreviated updates in other years as shown below:

Planning Timeframe	Executive Planning Process	Legislative Years	Planning Update	Fiscal Year Covered
Aug 87 - Apr 88	X		Initial	88-89
Aug 88 - Apr 89		X	Major	90-93
Aug 89 - Apr 90	X		Abbreviated	91-93
Aug 90 - Apr 91		X	Abbreviated	92-93
Aug 91 - Apr 92	X		Major	94-97
Aug 92 - Apr 93		X	Abbreviated	95-97
Aug 93 - Apr 94	X		Abbreviated	96-97
Aug 94 - Apr 95		X	Abbreviated	97
Aug 95 - Apr 96	X		Major	98-01

4.2 COORDINATION WITH OTHER STATE AGENCIES

The Department will continually improve coordination among state agencies for certain aspects of the total mental health delivery system in Montana. The Department will work closely with the Department of Family Services toward ensuring quality mental health services for children and adolescents. Coordination with the Department of Health and Environmental Sciences is needed on such issues as the Certificate of Need process, licensure and inspection requirements for mental health facilities, and the flow of ideas and information in support of both agencies' planning processes. Coordination with the Department of Social and Rehabilitation Services is needed to address services provided under Medicaid and the vocational rehabilitation program as well as services for those with dual diagnoses of mental illness/mental retardation. The Department will continue to cooperate with the Board of Visitors in support of its quality assurance and advocacy efforts consistent with 53-21-104, MCA. The Department will also work with the higher education system to facilitate an increase in the availability of education and training opportunities which are specifically relevant to services for priority populations as established in the FY 1988-89 Mental Health Plan; and with the Office of Public Instruction on sharing information and identifying issues and possible strategies for mental health services to children and youth.

5.0 FISCAL YEARS 1988-1989 GOALS AND OBJECTIVES

GOAL #1: To improve the quality and availability of community based mental health services for people with severe and disabling mental illness.

OBJECTIVES:

1. Establish community based residential, treatment, and support services to accommodate institutional patients at Montana State Hospital and the Center for the Aged who have long term severe, disabling mental illness and have been identified as being able to benefit from a modified version of available community based services. This effort will include but not necessarily be limited to the following:

   a. specifically identify the target population to be moved from Montana State Hospital or Center for the Aged to community based services; (Accomplished)

   b. identify treatment and support services required in communities; (April 1988)

   c. identify costs of providing the necessary services and determine the financial feasibility of developing those services during FY 1989; (May 1988)

   d. select providers through contracting process and authorize funding and development of services; (July 1988)

   e. achieve the proposed movement/transfers on a schedule of: 8 individuals by January, 1989, 8 individuals by March, 1989, and 8 individuals by July, 1989.

2. Annually review the needs and services relevant to the severely mentally ill residing in the community and in state institutions. (August 1986 - Ongoing, Goal 6, Planning)

3. Develop and implement a process to ensure the availability of required prescription medication for all severely mentally disabled adults served by community mental health centers. (July 1989)

4. Review CMHC practices for assisting clients in applying for SSI, Medicaid and other benefits and determine whether contract language and/or standards should be developed to prevent delay or denial of benefits. (October 1988)

5. Through the quality assurance process, and based on the review described under Objective 4 above, establish in CMHC contract language and/or standards if needed, specific requirements regarding assisting clients in applying for benefits. (July 1989)

6. Improve the quality and availability of vocational services to severely mentally disabled people by:

   a. requiring CMHCs to provide, or assure, long term support for clients who receive time limited vocational rehabilitation supported employment services; (January 1988)

   b. establish minimum vocational standards including, but not limited to, a paid work option in each day treatment program funded by the Department. (March 1989)

GOAL #2: To establish and maintain a case management system for adults with severe and disabling mental illness.

OBJECTIVES:

1. Establish a definition for the clients who must be provided with case management. (April 1988)

2. Contract for specifically defined case management services. (July 1988)

3. Require by contract that all adults with severe and disabling mental illness on CMHC caseloads have an identified case manager. (July 1988)

4. Develop a set of standards describing case management services. These standards must address at least the following areas (July 1988):

   a. minimum and maximum case manager to client ratio;

   b. educational/experience requirements for case managers;

   c. frequency of case manager contact with client;

   d. responsibilities of case managers;

   e. treatment planning responsibilities of case managers;

   f. case manager responsibilities regarding admission to and discharge from Montana State Hospital and Center for the Aged;

   g. outreach responsibilities of case managers;

   h. case manager training; and

   i. special consideration for rural areas.

5. Develop special case management procedures and standards for clients who have more than one disability (i.e., mental illness and mental retardation; mental illness and chemical dependency). (July 1989)

GOAL #3 In cooperation with Department of Family Services, enhance mental health services to children and adolescents.

OBJECTIVES

1. Determine mental health service needs for children and adolescents, including residential, day treatment, case management, outpatient, and family therapy. (December 1988- Ongoing Goal 6, planning)

2. Develop and sign written agreements with Department of Family Services' to include clarification of each agency's responsibilities for services to children. (July 1988 - Update annually)

3. In cooperation with Department of Family Services the Department of Social and Rehabilitation Services and the Office of Public Instruction, create a community based residential and day treatment service for seriously emotionally disturbed children who have been hospitalized but no longer require inpatient hospitalization. (December 1988)

4. Establish procedures and timelines for Department of Family Services input into the Department's planning, contracting, and evaluation process. (October 1988 - Ongoing Goal 6, Planning)

5. Establish minimum fiscal year 1989 state/federal grant amounts to be used for purchasing mental health services for children and adolescents and assist Department of Family Services in integrating the mental health services into its overall children's program. (July 1988 - Ongoing Goal 6, Planning)

GOAL #4: Improve the quality and availability of mental health services to groups which may be underserved including but not limited to elderly, Native Americans and dually diagnosed (mentally ill/ mentally retarded and mentally ill/chemically dependent) in Montana.

OBJECTIVES

1. Evaluate the need for special categories of services/ reimbursement for the elderly. Such categories may include, but are not limited to:

   a. in-home treatment and evaluation

   b. mental health support services in nursing homes

   c. consultation and education services with senior citizens' programs and other agencies or groups. (March 1989)

2. Require via contract, the identification of an Elderly Services Coordinator for each CMHC. (July 1988)

3. Evaluate the feasibility of enhancing services to the elderly by establishing with other agencies, state and local level agreements/linkages to improve coordination of services and facilitate appropriate referral. (January 1989 Ongoing - Goal 6, Planning)

4. Annually review the needs of, and services for, the elderly and develop strategies for improved services. (January 1989-Ongoing, Goal 6, Planning)

5. Reevaluate the role and mission of the Center for the Aged (C/A) and draft legislation for change if appropriate. (January 1989)

6. In cooperation with the Department of Social and Rehabilitation Services, Developmental Disabilities Division consider the feasibility of jointly establishing residential and day services for dually diagnosed (MI/MR) individuals. (January 1989-Ongoing, Goal 6, Planning)

7. Develop standards to improve chemical dependency (CD) services for dually diagnosed-(MI/CD) clients including: required CD screening

for eligible adult clients; required referral for evaluation if screening indicates CD problems; joint planning with the CD service system; and case management which includes follow-up and referral. (January 1989 - Ongoing, Goal 6, Planning)

8. In cooperation with Indian Health Services and the State Indian Coordinator, determine if there are barriers to serving Native Americans in existing mental health service programs. (January 1989 - Ongoing, Goal 6, Planning)

9. Establish contract requirements that service providers have access to interpreters available to assist in providing appropriate services to the deaf, and to non-English speaking people as needed. (July 1988)

GOAL #5: To establish appropriate program standards for publicly funded mental health programs and evaluate the programs for compliance with those standards.

OBJECTIVES:

1. Adopt program standards for child and adolescent day treatment programs. (December 1988)

2. Review and, where necessary, revise standards for residential services purchased by the Department. This review will include, at a minimum, consideration of: (March 1989)

   a. treatment services;

   b. patient rights and grievance procedures;

   c. physical environment; and

   d. handling of client funds.

3. Review and, where necessary, revise standards for adult day treatment programs. This review will include, at a minimum, consideration of: (March 1989)

   a. clearer definition of the scope of services provided within day treatment;

   b. staffing ratios for all levels of program staff; and

   c. safety and sanitation standards.

4. Annually conduct on-site evaluations of all mental health programs funded by the Department. (Ongoing)

5. Revise quality assurance procedures to include some type of consumer involvement in program evaluation activities. (January 1989)

6. Develop and implement outcome measures as part of the Department's quality assurance activities. (July 1989)

7. Draft and provide to the Department of Health and Environmental Sciences proposed amendments to community mental health center licensing standards which accurately describe the range of services and the organizational structure of community mental health centers. (October 1988)

8. Reach agreement with the Department of Health and Environmental Sciences regarding appropriate licensing requirements for mental health residential programs. (July 1989)

GOAL #6: To develop and implement a comprehensive ongoing statewide mental health planning process.

OBJECTIVES

1. Conduct data gathering and needs assessment for FYs 1988-1989 State Plan through ongoing review of information systems and surveys from community mental health providers, mental health organizations, private practitioners and agencies, primary and secondary consumers, state mental health institutions, state associations and other service agencies. (Accomplished)

2. Develop priorities/action strategies and solicit public review and comment. (Accomplished)

3. Develop draft plan for FY 1988 and FY 1989, distribute and advertise in newspaper requesting public review and comment (through public forums and written comment). Utilize the Montana Mental Health Advisory Council for recommendations. (Accomplished)

4. Develop final State Mental Health State Plan for FY 1988 and 1989 and distribute. (Accomplished)

5. Gather client and financial data (i.e., MIS, surveys), concerning number and needs of people with severe and disabling mental illness as defined in the State Plan. (January 1989)

6. Develop a consistent and ongoing needs assessment and data gathering process to obtain information from agencies and individuals involved or interested in mental health services (private and public) using available federal planning resources and assistance. (September 1988)

7. Conduct needs assessment and data gathering process for FY 1990-93 State Mental Health Plan. (November 1988)

8. From the information gathered in Objective #7, develop and prioritize service needs and action strategies for FYs 1990-93 State Plan. (January 1989)

9. Develop FY 1990-93 draft plan and distribute for public review and comment. (February 1989)

10. Utilize information from public review and comment and finalize FY 1990-93 mental health plan. (March 1989)

11. Contract for services based on established plan. (July 1989)

12. Develop a consistent ongoing planning and evaluation process which will monitor and evaluate compliance with established goals and objectives. (Ongoing - Annual report completed by October each year)

GOAL #7: To develop a method of reimbursement for mental health services that will 1) ensure adequate services for the severely mentally disabled and other priority populations, 2) ensure services in rural areas, and 3) ensure equitable distribution of mental health funding statewide.

OBJECTIVES

1. Evaluate and modify the current rate structure relating to block grant and general fund monies contracted for mental health services. Resource allocation options to be evaluated will include but not be limited to the following: (July 1988)

   a. a net rate based on FY 1987 Cost Report data utilizing formula developed with CMHC's.

   b. reimbursement for emergency services based on grants for on-call and telephone emergency services rather than a fee per unit of service.

c. a specific level of funding reserved for priority populations (as defined in Section 3.2) and/or differential reimbursement rates.

d. separating fixed and variable costs in determining reimbursement rates.

e. a reimbursement method for case management.

f. alternative methods of funding rural services.

g. standardizing client ability to pay determination and developing a fair and objective system to make such determination.

h. targeted funding of consultation and education activities.

GOAL #8: To develop policies and procedures to facilitate a consistent, structured process for contracting with Community Mental Health Centers and other agencies for mental health services, which will ensure accountability and accomplish the goals of the mental health plan.

OBJECTIVES

1. Develop and implement contract monitoring procedures which will define how contract compliance will be evaluated, and the consequences of noncompliance. (July 1988)

2. Revise cost report format to include new service categories and any other new data requirements. Standardize the format and modify contract standards to require that the cost report be included as a separate schedule of the audit. (July 1988)

3. Develop and implement a formal contracting process which will include the following elements: 1) notification of agencies of annual objectives (developed in Goal 6, Planning), and fiscal

year appropriations, 2) standardized forms, 3) time schedules, 4) negotiation procedures, and 5) contract modification policies. (January 1989)

GOAL #9: In cooperation with mental health service providers, develop and maintain a computerized data based information system that will allow the Department to monitor and evaluate public mental health services.

OBJECTIVES

1. Determine data requirements and utilization to meet the needs of the Department, Federal reports, Annual Report (Objective 4), interagency agreements, service providers and miscellaneous requests. (September 1988)

2. Develop and implement system that will meet requirements established in Objective #1. System implementation may require modification of current data summary forms required of service providers. (July 1989)

3. Prepare statistical summary of mental health services, client demographics and fiscal data based on FY 1987. (July 1988)

4. Adopt a format for an Annual Report of mental health services and prepare the report based on FY 1988 data. (October 1988)

GOAL #10 To promote effective primary and secondary prevention activities in Montana.

OBJECTIVES

1. To target consultation and education funding for activities which are known to be effective in reducing the disabling effects of mental illness. (July 1989)

2. To identify major risk factors for development of emotional disturbance in children and bring those factors to the attention of the State Early Intervention Council. (January 1989)

3. To educate mental health providers and the general public regarding the availability of existing early intervention services. (July 1989)

4. To document effective primary and secondary prevention practices which will encourage local government funding and guide the Department funding of these activities. (July 1989)

300 copies of this public document were published at an estimated cost of $2.27 per copy, for a total cost of $681.00, which includes $417.00 for printing and $264.00 for distribution.